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Examiner: My Chau T. Tran

Art Unit: 1639

Fax No.: 571-273-8300

USSN: 10/606,201

Filed: 06/25/2003

Inventor(s): Tammy Burd Mehta, et al.

Title: Manipulation of Microparticles in
Microfluidic Systems

Document(s): Transmittal (1 pg)

Request for Cont. Exam in dup. (2 pgs)

Petition for Ext. of Time in dup. (2 pgs)

Response (8 pgs)

Total Pages, (Incl.

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/606,201	
	Filing Date	08/25/2003	
	First Named Inventor	Tammy Burd-Mehta	
	Art Unit	1639	
	Examiner Name	My Chau T. Tran	
Total Number of Pages in This Submission	13	Attorney Docket Number	100/05231

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply - 8 pgs <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - In dup <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Cont. Exam in dup - 2 pgs
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Firm Name	Caliper Life Sciences, Inc.		
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